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APPLICANTS

Robert Paul Luoma II, Highland Village, TX;

**** CONTINUING DATA *******

This application is a CIP of 09/840,960 04/24/2001 PAT 6,588,625

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/16/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	TX	14	36

ADDRESS

PAUL D. YASGER
 ABBOTT LABORATORIES
 100 ABBOTT PARK ROAD
 DEPT. 377/AP6A
 ABBOTT PARK, IL 60064-6008
 UNITED STATES

TITLE

ASSAY TESTING DIAGNOSTIC ANALYZER

FILING FEE RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit